

# Foster Family Home - Corrective Action Report

Provider ID: 1-200016

Home Name: Mylin Smith, CNA

Review ID: 1-200016-3

95-253 Kehepue Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 2/17/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/17/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2) - CG#1's APS/CAN/Fingerprints lapsed on 11/6/2020 and renewed on 2/15/2021. CG#4's APS/CAN lapsed on 5/31/19 and renewed on 6/15/19 and Ecrim lapsed on 4/13/2020 and renewed on 8/11/2020. CG#5's APS/CAN/Fingerprints lapsed on 1/2/2021 and renewed on 2/17/2021.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(6)- one bedroom located near the kitchen/dining area may or may not be properly permitted to be use as a bedroom. CCFFH per tax map key with 3 bedrooms and 2 full baths; noted that there were 4 bedrooms which exceed the total according to the tax map key.

41.(b)(7)- CG#4's TB clearance lapsed on 12/19/2020 and renewed on 1/8/2021.

41.(g)- No Basic Skills Checks present for CG#3 and CG#4 in Client #1's chart.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#3 and CG#4 on [REDACTED] in Client #1's chart.

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Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

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Comment:

49.(c)(3)- CCFFH's kitchen ceiling with coverings peeling off/cracked areas which potentially can fall off and injure clients/household members.

49.(c)(3)- Back side living room area full of clutters of household items, plastic bottles, boxes, etc. which may create a fire hazard.

Maribel Nakamine, CW 2/17/2021

Compliance Manager

Date

Mylin R. Smith

2/17/2021

Primary Care Giver

Date